

ARIZONA STATE DEPARTMENT OF HEALTH

155

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Claypool County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	{ Number in order of birth }
<b>Female</b>			

DATE OF BIRTH\* November 11 1928  
(Month) (Day) (Year)

FULL NAME Joseph Alexander FATHER Bright

FULL MAIDEN NAME Effie Branam MOTHER

I HEREBY CERTIFY that the child described  
herein has been named

**FLORINE BRIGHT**

(Give name in full)

(Surname)

Joseph A. Bright  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

623-1116-524